



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001672744

**2. Name of Corporation** Rhode Island Athletic Trainers Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: THREE KEANEY ROAD  
SUITE ONE

City or Town: KINGSTON State: RI Zip: 02881 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE RHODE ISLAND ATHLETIC TRAINERS ASSOCIATION IS THE PROFESSIONAL MEMBERSHIP ASSOCIATION FOR CERTIFIED, RETIRED AND STUDENT ATHLETIC TRAINERS WHO SUPPORT THE PROFESSION IN THE STATE OF RHODE ISLAND. WE ARE A MEMBER ORGANIZATION OF THE NATIONAL ATHLETIC TRAINERS ASSOCIATION, DISTRICT ONE. WE ALSO ARE AN APPROVED PROVIDER WITHIN OUR CERTIFYING ORGANIZATION TO PROVIDE COST EFFECTIVE CONTINUING

EDUCATION UNITS TO OUR MEMBERS.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	JEFFREY NADEAU	372 PURGATORY RD MIDDLETOWN, RI 02842 USA
DIRECTOR	CAROLYN MILNER	THREE KEANEY ROAD KINGSTON, RI 02881 USA
DIRECTOR	KRISTINA KEDDIE	THREE KEANEY RD KINGSTON, RI 02881 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELLE BARBER THREE KEANEY ROAD KINGSTON , RI 02881

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2021 at 2:15:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MB  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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